

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

## Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Department for Children and Families		9. Position No. K0228152	10. Budget Program Number 22111		Agency Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) Administrative Officer			
3. Division Family Services			12. Proposed Class Title			
4. Section CSS Administration	For  Use  By  Personnel  Office	13. Allocation				Position Number
5. Unit CSS		14. Effective Date				
6. Location (address where employee works)  City County		15. By	Approved			
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time)  FROM: 8 AM/PM To: 5 AM/PM	17. Audit Date: By: Date: By:					

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

This position provides support services for the Director and other CSS Administration staff for Child Support Services. This position's work will free the Director and Management staff to focus on critical demands by performing a variety of administrative support functions with minimal directions.

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
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Trisha Thomas	Director	K0207897
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Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
Trisha Thomas	Director	K0207897

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
25%		Performs a variety of office administrative tasks independently in relieving an administrative superior of important details. Provides support to both CSS Administration and Contract Staff.
25%		Performs office management duties; oversees the maintenance of personnel and fiscal records. Manages grant proposals and submissions. Prepares financial reports, reviews purchases, vouchers and other financial documents. Interprets statutes, regulations, policies and procedures and communicates the interpretation to the general public and high level officials.
50%		Performs child support casework or related special projects.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

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- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Name**

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ( X ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily contacts will be made with CSS Administration, contracted technical staff, CSS field staff, as well as various DCF divisions and public entities.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Normal office environment.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Computer, phone, fax, copier, projector, copier, scanner and calculator.

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**PART III - To be completed by the department head or personnel office**

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27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

High School Diploma or GED

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Education or Training - special or professional

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Licenses, certificates and registrations

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Special knowledge, skills and abilities

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Experience - length in years and kind

Six months experience working in child support or related field.

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date